

# VETERANS HEALTH ADMINISTRATION

## Invasive Procedure Guidance Outpatient Clinical Coordinated Cell (CCC)

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May 19, 2020



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# Key Questions

- What are critical concepts for consideration to resume “elective” procedures during COVID-19?
- What are potential strategies to support procedure backlog reduction?
- What are primary factors that will define the “new normal” for procedures?

# Concepts for Guidance Document

- Alignment with VHA Moving Forward document
- Collaboration with NIDS/IC, NL&PMS, multiple clinical program offices
- Scope of guidance
- Focus on balance between safety of Veteran and healthcare workers (HCW) and timely access to care
- Consideration of CDC, FDA, national professional societies' guidance
- Provided “best” recommendations despite limited evidence
- Minimum requirements with VISN/facility discretion to modify processes
- Intent for specialty-specific supplementation by NPOs
- Anticipated evolution in response to learning



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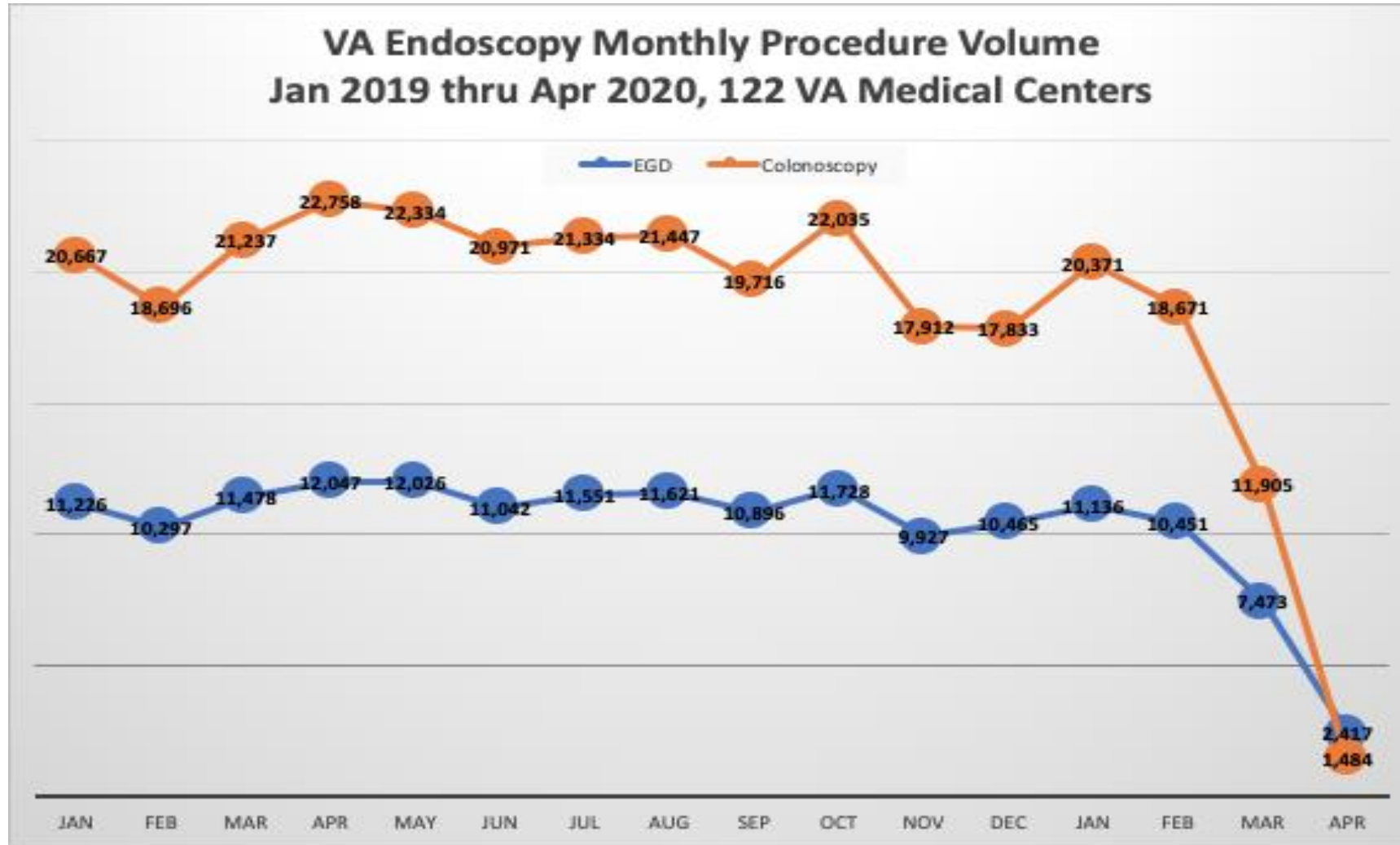
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# Invasive Procedure Considerations

- Timing for restart defined per Moving Forward
- Resource assessment and preservation of surge capacity
- Patient Risk Stratification
  - Universal clinical screening pre-procedure
  - SARS-CoV-2 test results
- Procedure Risk Stratification
  - Aerosol-generation known/likely
  - Requirement for proximity to patient's oropharynx
- Testing considerations
- PPE use
- Patient flow and room cleaning
- Virtual care opportunities for pre- and post-procedure care



# COVID-19 Backlog Reduction Strategies: GI Endoscopy



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# Backlog Reduction Strategies (GI)

- Shape Demand
  - Critical review of procedure referrals (avoid overuse)
  - Encourage non-invasive colorectal cancer screening (e.g. FIT)
  - Adopt new guidelines for colorectal polyp surveillance
    - Gupta: US Multi-Society Task Force on Colorectal Cancer. Gastro; March 2020
    - Longer intervals between colonoscopy are now recommended for many pts
- Improve Supply (challenging due to inefficiencies re: COVID-19)
  - Can we do more procedures per day?
    - Shift staff from clinic to procedures?
    - Expand duty hours?



# The “New Normal” for Invasive Procedures

## Key Concepts

- Revision of universal precautions
- Safety >> efficiency
- Patient and HCW safety
- Processes re-engineering
- Technology evolution

## Opportunities

- Value-based care emphasis
- Redesign of procedural areas?
- Pandemic “hardening?”



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